

HOW TO APPLY AND WHAT TO SEND WITH YOUR APPLICATION

ONLY COMPLETE AND SUBMIT ONE APPLICATION

1. Sign and date the application. This is required in order to process your application.
2. Answer every question on the application. Leaving things blank will cause a delay.
3. Include a copy of your last energy bill for the MAIN fuel you use to heat your home. The supplier's name and your account number are necessary for processing.
IF YOU HAVE A DISCONNECT NOTICE, INCLUDE IT: You should also provide any disconnect notice for OTHER fuel you use as back up to your main heat source (space heaters, electricity to make your heater work, etc.). You may be able to get assistance for your OTHER fuel source to avoid being shut off.
4. Provide **copies** of Social Security cards or other verification of Social Security numbers. If you applied last year for energy assistance, or if you are receiving assistance from the Family Support Division, you do not need to provide this information.
5. Provide proof of last month's income for every person living in your home (wage stubs, grant letters or assistance award letters, Social Security award letters, etc.).
 - If you are receiving Food Stamps or TANF, you **DO NOT** need to provide this information. If someone listed in the household is **NOT** on your Food Stamp case, then you will need to send proof of income.
 - If you receive child support, please provide your case number to allow the agency to get the information on that income.
6. Mail the completed application, energy bill(s) and proof of income to the Community Action Agency (CAA) serving your county as soon as possible. Reference the website below to locate the agency serving your county.
 - The sooner the agency receives your application, the sooner it can be processed to determine the amount of your payment, and the payment made.
7. Keep paying your energy bill as you normally would to avoid being shut off or non-delivery of fuel.
 - You will get a letter telling you of the amount of payment that will be sent to your energy supplier or to you if your supplier does not participate, or you heat with wood.
8. If the head of household and/or spouse are over 60 and/or disabled, this application can be sent beginning October 1, 2009. All other applications will be accepted November 1, 2009.
9. If you have any questions or need help in completing this application, call the CAA serving your county. CAA information can be found at <http://www.communityaction.org/CAA%20Service%20Areas.aspx>.

FINAL CHECKLIST

- ☐ **ANSWERED ALL QUESTIONS AND LISTED ALL HOUSEHOLD MEMBERS ON APPLICATION**
- ☐ **SIGNED AND DATED THE APPLICATION**
- ☐ **INCLUDED MY MAIN FUEL BILL**
- ☐ **INCLUDED INCOME DOCUMENTATION FOR MEMBERS NOT RECEIVING FOOD STAMPS**
- ☐ **INCLUDED SHUT OFF NOTICE IF MY ACCOUNT IS IN DISCONNECT STATUS**

Missouri Department of Social Services, Family Support Division
Low Income Home Energy Assistance Program (LIHEAP)
Heating and/or Cooling Assistance October 1, 2009, thru September 30, 2010, Application

PLEASE READ THE ENCLOSED INSTRUCTIONS CAREFULLY.
ONLY COMPLETE AND SUBMIT ONE APPLICATION.
PLEASE CONTINUE TO PAY YOUR ENERGY BILL.

AGENCY USE ONLY
DATE STAMP

Address:

Email Address:

City:

Zip:

Phone Number:

County:

Cell Phone Number:

HOUSEHOLD MEMBERS:

List all persons living in your home, starting with self. Attach additional list if more than six (6).

Name	Social Security No.	Birth Date	Relationship	Sex (M/F)	Race	US Citizen (yes/no)
			SELF			
			SPOUSE			

Do you have a disconnect notice? (yes/no) _____

Is your energy source currently shut off? (yes/no) _____

Do you own or are you buying your home? (yes/no) _____

Has the home been weatherized? (yes/no) _____

What is the **MAIN (Primary)** heating source of your home? ☐ Natural Gas ☐ Electric ☐ Kerosene ☐ Fuel Oil
☐ Tank Propane ☐ Cylinder Propane ☐ Wood

Main Energy Supplier Name: _____ **City:** _____

What name appears on the energy bill? _____ **Account Number:** _____

What is the **OTHER (Secondary)** energy source of your home? ☐ Natural Gas ☐ Electric ☐ Kerosene ☐ Fuel Oil
☐ Tank Propane ☐ Cylinder Propane ☐ Wood

Other Energy Supplier Name: _____ **City:** _____

What name appears on the energy bill? _____ **Account Number:** _____

COPY OF CURRENT ENERGY BILL(S) MUST BE ATTACHED
IF ACCOUNT IS IN DISCONNECT STATUS INCLUDE SHUT OFF NOTICE

If you do not pay your fuel supplier/energy source directly, how is this paid? (Mark Boxes Below)

☐ Billed separately by landlord ☐ Costs included in rent – Heating? (yes/no) _____ Cooling? (yes/no) _____
☐ Rent subsidized housing/Section 8. Heat Included.

If your utilities are included in your rent or your landlord bills you separate from your rent, please provide landlord information.

Landlord Name: _____ **Phone:** _____

Address: _____

INCOME INFORMATION

If there are persons listed on the first page that are NOT receiving Food Stamps, you must provide income documentation.

Does anyone listed in household have income from a job? (yes/no) _____

If yes, please list information for EACH household member below and attach copies of last month's wage stubs.

NAME	EMPLOYER	DATE EMPLOYED	HOW OFTEN PAID	GROSS PAY

Did any household member pay child support last month to someone outside the home? (yes/no) _____

If yes, how much? \$_____ Child Support Case Number:_____

Does any household member have income from self-employment? (yes/no) _____

If yes, please send a copy of most recent federal income tax forms (Form 1040) for each person with self-employment.

Does any household member listed have unearned income? (yes/no) _____

If yes, please fill out below and attach proof of this income. Attach additional lists if more room is needed.

SOURCE	WHO RECEIVED	AMOUNT	HOW OFTEN PAID
Social Security			
Supp Security Income (SSI)			
TANF Grant, SAB, BP, SP, Foster Care			
Alimony or Child Support Child Support Case Number:			
Unemployment Comp.			
Veterans Benefits			
Pensions			
Railroad Retirement			
Rent-Land/Buildings			
Money from relatives/organizations			
Armed Forces Allotment			
Union Funds/Strike Benefits			
Workers' Compensation or Sick Benefits			
Other, Specify:			

RESOURCE INFORMATION. Complete this section ONLY if household member(s) has one or more of these resources.

TYPE	HOW MUCH	TYPE	HOW MUCH
Checking: Single/Joint Account		Stocks/Bonds and Mutual Funds	
Savings: Single/Joint Account		IRA/KEOUGH and Deferred Compensation Plans	
Certificates of Deposits (CD)			
Annuities and Money Mrkts			

I hereby apply for assistance under the LIHEAP laws of the State of Missouri administered by the Department of Social Services (DSS). I declare that the information I have given is true, correct, and complete to the best of my knowledge. I realize that the information which I have given on this application will be subject to verification by the contracted Community Action Agency (CAA). If any household member declared on my application is currently receiving Food Stamps, TANF, or child support, I hereby authorize the contracted CAA to use my Family Support Division (FSD) file to document income and resource eligibility for LIHEAP. I hereby authorize the contracted CAA and FSD to release information relating to my application for LIHEAP to my fuel supplier to determine eligibility. I give permission to DSS to use information provided on this form for purposes of research, evaluation, and analysis of the program. I understand that I may be fined, imprisoned, or both under state or federal law if I make false statement(s) on this application in order to get benefits I am not entitled to receive.

SIGNATURE ►	DATE ►
--------------------	---------------

RETURN THE COMPLETED/SIGNED APPLICATION WITH ATTACHMENTS TO THE CAA SERVING YOUR COUNTY, LISTED AT <http://www.communityaction.org/CAA%20Service%20Areas.aspx>. PLEASE BE SURE YOU HAVE READ THE ENCLOSED INSTRUCTIONS CAREFULLY BEFORE MAILING.